

FOR  
TANKS  
IN  
NC

Return Completed Form To:  
The appropriate DEM Regional Office according to the county of the facility's location. [SEE REVERSE SIDE OF OWNER'S COPY (BLUE) FOR REGIONAL OFFICE ADDRESS].

State Use Only  
I. D. Number \_\_\_\_\_  
Date Received \_\_\_\_\_

**INSTRUCTIONS**

Complete and return thirty (30) days prior to closure or change-in-service.

RECEIVED  
N.C. DEPT. OF EHNR  
SEP 9 1993

**I. OWNERSHIP OF TANK(S)**

Tank Owner Name: NATIONAL WHOLESALE CO., INC.  
(Corporation, Individual, Public Agency, or Other Entity)  
Street Address: 400 NATIONAL BLVD.  
County: DAVIDSON  
City: LEXINGTON State: NC Zip Code: 27292  
Tele. No. (Area Code): (704) 246-5904

**II. LOCATION OF TANK(S)**

Facility Name or Company: NATIONAL WHOLESALE CO., INC.  
Facility ID # (if available): 0-025506  
Street Address or State Road: 400 NATIONAL BLVD  
County: DAVIDSON City: LEXINGTON Zip Code: 27292  
Tele. No. (Area Code): (704) 246-5904

**III. CONTACT PERSON**

Name: JERRY BURNHAM Job Title: DIR. OF TRANSPORTATION Telephone Number: (704) 638-0159

**IV. TANK REMOVAL, CLOSURE IN PLACE, CHANGE-IN-SERVICE**

1. Contact Local Fire Marshall.
2. Plan the entire closure event.
3. Conduct Site Soil Assessments.
4. If Removing Tanks or Closing in Place refer to API Publications. 2015 "Cleaning Petroleum Storage Tanks" & 1604 "Removal & Disposal of Used Underground Petroleum Storage Tanks".
5. Provide a sketch locating piping, tanks and soil sampling locations.
6. Fill out form GW/UST-2 "Site Investigation Report for Permanent Closure" and return within 30 days following the site investigation.
7. Keep records for 3 years.

**V. WORK TO BE PERFORMED BY:**

(Contractor) Name: MIKE CARRICK SS# 242-82-6403  
Address: RT. 1, Box 226 State: DENTON, NC Zip Code: 27239  
Contact: MIKE CARRICK Phone: (704) 869-3346

**VI. TANK(S) SCHEDULED FOR CLOSURE OR CHANGE-IN-SERVICE**

TANK ID#	TANK CAPACITY	LAST CONTENTS	PROPOSED ACTIVITY		
			CLOSURE		CHANGE-IN-SERVICE
			Removal	Abandonment In Place	New Contents Stored
<u>n/a</u>	<u>10,000</u>	<u>FUEL OIL</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	

**VII. OWNER OR OWNER'S AUTHORIZED REPRESENTATIVE**

Print name and official title: \_\_\_\_\_  
Signature: [Signature] \*Scheduled Removal Date: 10-8-93  
Date Submitted: 9-8-93

\*If scheduled work date changes, notify your appropriate DEM Regional Office 48 hours prior to originally scheduled date.